

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	x				
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/	/				
9	/					
10	/					
11	x	/				
12	/					
13	/					
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47						
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	12					
TOTAL CLAIMS	18					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS